Factors influencing the self-esteem of children with a severe or profound learning disability: A pilot study

Authors

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Abstract

Research aims: Children with a learning disability can have lower self-esteem than their typically developing peers, but little is known about the factors that influence this, particularly in children with a severe or profound learning disability. Our pilot project aimed to explore this.

Methods: Information about 20 children was analysed to explore whether: having two identities associated with stigma ('double discrimination') was related to lower self-esteem; receiving a therapeutic intervention (input from clinical psychology and/or participating in a gardening group) influenced self-esteem, as rated by teachers.

Results: We found that those children who experienced 'double discrimination' had significantly lower self-esteem than those who did not. Those in the intervention group had increased self-esteem scores as compared with baseline, while the scores of those in the control group fell slightly, although the difference was not significant.

Conclusion: The results may help nurses target factors and develop interventions that affect the self-esteem of children with a learning disability.

Keywords: self-esteem; learning disability; stigma; intervention

Introduction

Stigma has been defined as an attribute that a person has that is devalued by others, leading the person to have a discredited, and 'tainted' identity (Goffman 1963). People with a learning disability may experience stigma in a number of ways, including insults and abuse or as barriers that limit their opportunities, such as social rejection (Paterson et al 2011). As a result of their experiences of stigma, people with a learning disability may perceive themselves to have a stigmatised identity (O'Byrne & Muldoon 2017). The level of awareness of the stigma can vary from person to person and may be influenced by factors such as being protected by others or level of cognitive ability (Ali et al 2016). Individuals may also engage in social comparison processes which may increase or decrease their sense of stigma depending on the comparator group (Paterson et al 2011). An associated protective strategy may be to focus the social comparisons on aspects of the self where the individual feels he/she may perform more positively e.g. on sport or appearance, rather than intellectual ability (O'Byrne & Muldoon 2017).

Perceiving oneself to have a stigmatised identity has been found to be associated with negative social comparisons with others, low self-esteem (Paterson et al. 2011) and lowered aspirations (Szivos-Bach 1993). Overall, research suggests that children with a learning disability have lower self-esteem compared to their typically developing peers, both globally and in respect of behavioural and cognitive-academic domains, whereas the picture is more mixed for adolescents and adults with a learning disability (Maïano et al 2019).

It remains unclear exactly which factors influence self-identity, with a recent review by Maïano et al. (2019) finding no consistent relationships across studies between different aspects of self-concept and academic performance, age, gender, or level of intellectual ability.

It is, however, hypothesised that having dual identities that are devalued is likely to exacerbate the negative impact of stigma and associated lower self-esteem. Previous research has found that, for both people with and without a learning disability, having two stigmatising identities can be associated with additional discrimination (Ali et al 2016), referred to as 'double discrimination' (e.g. O'Byrne & Muldoon 2017).

Two areas of risk for people with a learning disability in terms of acquiring a second potentially stigmatising identity are having looked after status i.e., the care falls under the auspices of the local authority, for example, being cared for by foster parents, and experiencing poverty. In respect of poverty, research suggests that families with a child with a learning disability are more likely to live in poverty and be at increased risk of entering and being trapped in poverty, compared to families without a child with a learning disability (Emerson et al 2010). One indicator of poverty is that the child is in receipt of free school meals. These are available to children of families who have an income falling below a certain threshold. Poverty and the receipt of free school meals have an associated stigma, to the extent that many families do not take up the entitlement to the meals because of social embarrassment (James 2012).

In respect of having looked after status, research suggests that people with a learning disability are over-represented in those experiencing care (Kelly et al 2016). A literature review of the experiences of care leavers (i.e., those who have had looked after status as children) with a disability, but not specifically a learning disability, and/or mental health difficulty, indicated that the outcomes for these young people are often negative, including depression, self-harm and homelessness. Kelly et al (2016) also found that this group of young people reported experiencing stigma which influenced their self-esteem, with low self-esteem being common. This negatively influenced their ability to form social relationships and engage with support and wider opportunities. Research with typically developing

children in care suggests that an important area for services to focus on is to provide interventions that have a wider focus on factors that influence resilience (Sebba & Luke 2019).

There has, however, been only limited research into interventions that may specifically help improve the self-esteem of children with a learning disability. The Education Endowment Foundation Toolkit (2019) reviewed interventions which aimed to increase the self-esteem, self-efficacy and aspirations of typically developing children and found very few studies in this area and a lack of clear evidence that specific interventions consistently achieved these aims.

A review by Andrews et al (2015) of community participation interventions found only one case study of an intervention that reported an increase in the self-esteem of a girl with Down syndrome following her participation in performing arts sessions. Another study by Bana et al. (2017), reports on an intervention study with children in Tehran. The children in the intervention group received 12 one-hour sessions of play therapy over a six-week period and were found to have significantly increased self-esteem following the intervention, compared with the control group.

Much of the existing research in the area of self-esteem has been with people with a mild to moderate learning disability, or with those who have intellectual functioning in the borderline range (Maïano et al 2019). This is perhaps understandable, given that people with a more severe learning disability may not have the level of cognitive ability required to self-report on the abstract concepts that relate to self-identity and self-esteem. As a result, little is known about these concepts in this group of children.

In an attempt to address this, the present study aimed to explore whether having more than one potentially stigmatising identity would influence self-esteem. A second aim was to

explore whether those children who received a therapeutic intervention, through input from a clinical psychologist and/or a school based ‘gardening group’ intervention would experience benefits in terms of their self-esteem. It was hypothesised that those children who experienced ‘double discrimination’ would have lower self-esteem than those who did not. In addition, it was hypothesised that those children who had received an intervention would have higher self-esteem, than those who had not.

Method

Ethical approval for the project was granted by the first author’s university ethics committee.

Participants

Existing, routinely collected, anonymised data were available for 20 children/young adults, attending a special school, of whom 15 were male and five were female. Ages ranged from 6 to 19 (m = 13.1, SD = 3.8). Eighteen of the participants had a severe, and two had a profound intellectual disability. Five had previously been, or currently were ‘looked after’ children and seven received free school meals. Seven children attended the gardening group (see below), of whom 3 also received input from a clinical psychologist. A further 6 children also received this latter input. The intervention group, therefore, comprised of 13 children and the remaining 7 children were in the control group.

Measures

Self-esteem: This was measured using the ‘Self-esteem indicator- primary’ (Morris 2002). This is a 36-item questionnaire that is completed by the teacher about the child. It includes items about pupil independence, skills in different domains, relationships with peers and adults, appearance and mood. The scale provides three component scores: sense of self, sense of belonging and sense of personal power. as well as an overall self-esteem score. A higher score indicates greater self-esteem.

This questionnaire is completed on a regular basis by the teachers, as part of routine data collection. Scores were, therefore, available for the group of children who had received some form of intervention at two time points, before the intervention and 6 months after.

Other demographic information: Pre-existing information was also available about whether the child was currently experiencing or had experienced being 'looked after' and/or was in receipt of free school meals. In order to examine the effect of the potential double discrimination of having a learning disability and another potentially stigmatising identity, those who had looked after status and/or were experiencing poverty (in the present study identified by the child/young person receiving free school meals), were classified as being in group 1. Those who had a learning disability, but no other potentially stigmatising identity were classified as being in group 2.

Intervention

The intervention group had experienced one or both of the following, in addition to the usual school curriculum for their group: input from clinical psychology and/or participation in a gardening group. The gardening group was developed to incorporate a number of elements that have been found to be associated with increases in self-esteem, quality of life and wellbeing generally. This includes the task of gardening itself, as well as being in the presence of nature (Wendelboe-Nelson et al 2019) and having a meaningful activity that is suitable for children with a more severe learning disability (Munde & Vlaskamp 2019). In order to create a sense of a positive and shared identity and promote social acceptance among the group (Kloomok & Cosden 1994), the participating children were given a sweatshirt with a logo indicating that they belonged to the gardening group. The children worked as part of the group for one day a week, over a ten-week period, with each session lasting for two hours. It group involved the children working together to clear, weed

and prune existing plants and garden areas; plant new seeds, plants and flowers in the garden areas of the school and in a number of areas in the local village; and repainting the school garden sheds.

Results

In order to test whether those children who experienced 'double discrimination' had lower self-esteem than those who did not, an independent samples t-test was used. The results showed that those children in group 1, who had current or previous looked after status and/or received free school meals had a significantly lower self-esteem score ($M = 64.5$, $SD = 21.3$) than those children in group 2 ($M = 79$, $SD = 8.5$) [$t(18) = 1.82$, $p = 0.043$]. This supported hypothesis one.

A split plot ANOVA was used to assess whether being in the intervention group had a significant impact on self-esteem, while controlling for whether the child experienced 'double discrimination.' Table 1 illustrates the mean self-esteem scores of children in the intervention and control groups before and after the intervention. This shows that the mean self-esteem score increased for the intervention group, while it fell slightly for the control group at follow-up, however this difference was not significant [$F(1,17) = 1.043$, $p=.332$]. The same pattern was true for both types of intervention when considered separately (Gardening group [$F(1,8) = 1.182$, $p = .309$; clinical psychology input [$F(1,17) = 3.236$, $p = .146$).

Insert table 1 about here

Discussion

This pilot study aimed to explore the impact of 'double discrimination' on children with a severe or profound learning disability on self-esteem, as reported by teachers. In addition, it aimed to explore the impact of having some form of therapeutic intervention on self-esteem. The results indicated that those children who had looked after status and/or

received free school meals, in addition to their learning disability had significantly lower self-esteem than children who did not have either of the additional factors.

Research with typically developing populations suggest that technological solutions, such as 'cashless' systems for school meals may help reduce stigma by removing indicators of poverty and difference (James 2012). Given the level of learning disability of the children in the present study, it seems unlikely that they would have a direct awareness of stigma that derives directly from receiving free school meals. The results, may, therefore, highlight the wider stigma of poverty that the child experiences outside of school. Alternatively, the teachers rating the self-esteem of these children may subconsciously attribute lower self-esteem to these children, if they are aware of the financial status of the family because the child receives free meals.

While the reasons for the children in the current study having looked after or post looked after status are unknown, having this status is perhaps more likely to have a direct and ongoing impact on the self- esteem of the children concerned. This is because being removed from family care is likely to have arisen from the inability of the family to meet the child's needs and promote their welfare. Kelly et al (2016) suggest that being 'looked after' does not fully counteract the negative experiences that precede being taken into care.

The second aim of the study was to explore whether having some form of therapeutic intervention: participating in the gardening group and/or clinical psychology input led to increased self-esteem. The results found that the mean overall self-esteem score of those in the intervention group increased over the time period, while that of the control group fell slightly. This difference was, not however, significant. The lack of a significant difference was consistent regardless of whether the two types of intervention were combined or considered separately.

There are likely to be a number of reasons for this result, which are related to the limitations of the study. First, the impact of the interventions was only measured over a short period of six months and it may take longer for any significant affects to take place. Second, the number of children taking part in the gardening group intervention in particular, and in the study overall, was small. Further research with larger numbers of participants is needed to explore whether the increases in self-esteem found in the pilot study are likely to be significant and sustained in a larger study. Third, as the data were routinely collected, the exact nature of the clinical psychology intervention and the specific purpose of it was unknown. While the aim of any such intervention would ultimately be to increase the wellbeing and quality of life of the child/young person, it is likely that not all interventions were specifically targeted at increasing self-esteem and that a more specifically tailored intervention would have greater impact on self-esteem. Fourth, again because of the small sample size and pre-existing nature of the data, only global self-esteem was included in the analyses. There are a number of different aspects of self-esteem that could be considered in future research (Maïano et al 2019). Fifth, while the questionnaire used to assess self-esteem has many items that are based on observable behaviour and therefore applicable to most children, others are likely to be influenced more by the level of intellectual ability of the child being assessed than their self-esteem, for example, the ability to initiate social activities. Finally, our study examined teacher reported self-esteem, rather than the self-report of the children/young people, because of the level of ability of the children involved. It may be that the views of the children may have differed from those of the teachers.

Implications for practice

The results of this aspect of the study suggest a need to provide children with a learning disability, but in particular those who experience 'double discrimination,' with a range of ways that they can experience positive social comparisons. This may be through

demonstrating skills in physical activities, creative or musical achievements, or acts of kindness and concerns for others. Encouraging friendships as a way to experience social acceptance and focusing on positive aspects of the person's physical appearance may be particularly relevant, as both have been found to be significantly associated with overall sense of self-esteem in adolescents with a learning disability (Kloomok & Cosden 1994). The current study suggests that the gardening group developed by the school had a number of elements that were likely to be enjoyable and beneficial for the children who participated. Continuing and extending the group would allow for some of the limitations of the pilot study to be addressed, thereby providing a clearer picture about the impact on the children.

Implications for Practice

These findings have implications for nurses who are well-placed to work in a systemic way with a range of stakeholders, including education and health staff, the family, and child him/herself in order to:

- Encourage a focus on/development of areas where the child has strengths, in order to promote positive social comparisons.
- Encourage a systemic approach to reduce obvious indicators of a stigmatised identity e.g. visible signs that the child experiences poverty
- Develop specific therapeutic approaches that may help increase the self-esteem of children with a learning disability.

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Table 1: Mean self-esteem scores of children in the intervention and control groups before and after the intervention

	Pre-intervention	Post-Intervention
Group	Mean (SD)	Mean (SD)
Intervention	68.8 (20.9)	73.5 (16.6)
Control	73.1 (14.1)	71.4 (13.9)